


All information is required to be provided unless indicated as optional.

APPLICATION FOR A PLACE ON THE CITY OF <u>BOWBROOK</u> GENERAL ELECTION BALLOT					
TO: City Secretary					
I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.					
OFFICE SOUGHT Include any place number or other distinguishing number, if any. <u>BOWBROOK CITY COUNCIL, PLACE 3</u>				INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED	
FULL NAME (First, Middle, Last) <u>ROBERT LARRY MARSHALL</u>			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT <u>MR. LARRY MARSHALL</u>		
PERMANENT RESIDENCE ADDRESS (Street address and apartment number. If none, describe location of residence. Do not include P.O. Box or Rural Rt.) <u>8 CROSSLANDS CT. BOWBROOK, TX 76132</u>			MAILING ADDRESS (If different from residence address)		
CITY <u>BOWBROOK</u>	STATE <u>TX</u>	ZIP <u>76132</u>	CITY	STATE	ZIP
EMAIL ADDRESS (Optional)		OCCUPATION (Do not leave blank) <u>PHYSICIAN</u>	DATE OF BIRTH <u>06/29/45</u>	VOTER REGISTRATION VUID NUMBER (if applicable) <u>N4937275</u>	
TELEPHONE NUMBER (Include area code) (Optional) OFFICE: HOME: <u>817-731-7236</u>		Length of Continuous Residence as of Date Application Sworn IN STATE <u>28</u> yr(s) <u>0</u> mos IN CITY <u>28</u> yr(s) <u>0</u> mos IN DISTRICT OR PRECINCT' <u>28</u> yr(s) <u>0</u> mos			
If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election.					
Before me, the undersigned authority, on this day personally appeared (name) <u>Larry Marshall</u> , who being by me here and now duly sworn, upon oath says: "I, (name) <u>Larry Marshall</u> , of <u>Tarrant</u> County, Texas, being a candidate for the office of <u>Councilman Place 3</u> , swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the Constitution and laws of this state. I have not been finally convicted of a felony for which I have not been pardoned or had my full rights of citizenship restored by other official action. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code.					
I further swear that the foregoing statements included in my application are in all things true and correct."					
			X <u>[Signature]</u> SIGNATURE OF CANDIDATE		
Sworn to and subscribed before me at <u>City Hall</u> , this the <u>27</u> day of <u>July</u> , <u>2015</u> . SEAL					
<u>[Signature]</u> Signature of Officer administering oath ²			<u>City Secretary</u> Title of Officer administering oath		
TO BE COMPLETED BY CITY SECRETARY: (See Section 1.007)					
			<u>7-27-15</u> Date Received <u>[Signature]</u> Signature of City Secretary		

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.		1 Total pages filed:
2 CANDIDATE NAME	MS / MRS / MR FIRST MI DR. LARRY MARSHALL NICKNAME LAST SUFFIX	OFFICE USE ONLY Acct. # Date Received
	3 CANDIDATE MAILING ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8 CROSSLANDS CT., BENDROCK, TX 76132	Date Hand-delivered or Postmarked Date Processed
4 CANDIDATE PHONE AREA CODE PHONE NUMBER EXTENSION (817) 731-7236	5 OFFICE HELD (if any) BENDROCK CITY COUNCIL, PLACE 3	Date Imaged
6 OFFICE SOUGHT (if known) BENDROCK CITY COUNCIL, PLACE 3		
7 CAMPAIGN TREASURER NAME MS/MRS/MR FIRST MI NICKNAME LAST SUFFIX MRS. DONNE C. MARSHALL		
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8 CROSSLANDS CT., BENDROCK, TX 76132		
9 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (817) 731-7236		
10 CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p> Signature of Candidate</p> <p>7-25-2015 Date Signed</p>	
GO TO PAGE 2		

**CANDIDATE MODIFIED
REPORTING DECLARATION****FORM CTA
PG 2****11 CANDIDATE
NAME**

DR. LARRY MARSHALL

**12 MODIFIED
REPORTING
DECLARATION****COMPLETE THIS SECTION ONLY IF YOU ARE
CHOOSING MODIFIED REPORTING**

**•• This declaration must be filed no later than the 30th day before
the first election to which the declaration applies. ••**

•• The modified reporting option is valid for one election cycle only. ••
(An election cycle includes a primary election, a general election, and any related runoffs.)

**•• Candidates for the office of state chair of a political party
may NOT choose modified reporting. ••**

I do not intend to accept more than \$500 in political contributions or
make more than \$500 in political expenditures (excluding filing fees)
in connection with any future election within the election cycle.
I understand that if either one of those limits is exceeded, I will be
required to file pre-election reports and, if necessary, a runoff
report.

2015

Year of election(s) or election cycle to
which declaration applies


Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.